DOCUMENT RESUME

ED 050 398 CG 006 402

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TITLE Mental Health Consultation Volunteer Group Psychotherapy.
PUB DATE [68]
NOTE 6p.

EDRS PRICE EDRS Price MF-$0.65 HC-$3.29
DESCRIPTORS Adolescents, *Counselor Training, *Group Therapy, Mental Health, *Mental Health Programs, *Psychotherapy, *Volunteer Training
IDENTIFIERS Hill Interaction Matrix

ABSTRACT

A method of supplying consultation services to school districts is reported. The philosophy underlying this approach is that teaching front line personnel better methods and techniques of handling mental health problems will ultimately lead to true prevention by way of curricular change, changes in teaching techniques, and clearer definition of role responsibility. It appears that a reality oriented, behavior modification approach in group psychotherapy has usefulness not only in dealing with more disturbing behaviors, but also has a tremendous potential for assisting counselors to better utilize their experience in dealing with normal adolescents. The Hill Interaction Matrix was deemed a very useful technique in determining what is therapeutic in a group. Also, it appears that the concept of volunteer group psychotherapy has a definite place as both a clinical and consultative model for secondary schools. (Author/TA)

ED050398

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MENTAL HEALTH CONSULTATION VOLUNTEER GROUP PSYCHOTHERAPY

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Introduction

This paper is an attempt to report a method of supplying consultation services to school districts. The basic philosophy of this approach is that teaching front line personnel better methods and techniques of handling "mental health" problems will ultimately lead to true prevention by way of curricular change, changes in teaching techniques, and clearer definition of role responsibility. Volunteer group psychotherapy is not a uniquely original idea, but is relatively recent in its application as a technique for consultation.

Preconceptions About Group Therapy

In order to conduct a volunteer group psychotherapy program, it appears that many preconceptions about group therapy with adolescents have to be laid aside. The field of group psychotherapy with adolescents presents a number of theoretical postures and variations of techniques. Traditionally, classical psychoanalytic principles, Adlerian concepts, and client-centered psychotherapy have typically dominated the practice of group psychotherapy for adolescents. Despite the particular theoretical background of therapists, it appears that certain assumptions pervade their work. These include the unconscious, some constructs of the mind, such as ego, psychic determinism, and infantile sexuality.

Also, certain theoretical positions such as an adolescent's possession of weak self-identity, subjection to strong sexual urges, and acting on them, could lead to a definite, concrete mode of thinking about group membership. It was Ackerman, in 1955, who demonstrated that sexual acting out in a heterosexual group does not

necessarily occur, and this finding has been subsequently supported by others who have demonstrated that boys and girls can be effectively treated in groups. Schulman, Kraft, and Duffy have indicated that the therapist's role must be active, ego-supportive, and he must maintain control of the group situation at all times. The basic assumption at this point is that adolescents cannot develop a group cohesiveness which will be self-sustaining to group interaction. One must be cognizant of the fact that in the past group therapy has been contingent upon establishing a diagnostic category which by some magic potion dictated not only how to effectively treat children, but also predicts the prognosis for change.

Counselor Training With The H.I.M.

It was hypothesized that if the training for the counselors was to be effective, it would need to be a familiarization and reeducational experience for them. This program dealt with the basic techniques and concepts in group therapy with adolescents. A model for group interaction which was chosen was that as put forth by William Fawcett Hill. It was assumed that the same model which has been applied to a variety of group psychotherapeutic experiences could also be effectively applied to a volunteer group. The first phase of the program was to didactically instruct the counselors in the meaning and concepts in the Hill Interaction Matrix. Behavioral descriptions for each of the 16 cells were provided which ultimately enabled the counselors to accurately predict and score behaviors in the groups. The main intent of this didactic portion was not to make the counselors expert scorers of the HIM, but to provide them some basic knowledge of what is considered therapeutic interaction in a group. Therapeutic behavior was described as behavior which would be scored in the lower right hand quadrant of the Hill Interaction Matrix.

Behavior scored in the lower right hand quadrant is characterized by four styles of interaction. The first style is that of Speculative Personal which deals with, and is characterized by, statements or questions which attempt to deal with the

topic person's emotional or adjustment problems as he is, independent of his relationships with other members or with the group as a whole. The typical interaction is that the topic person defines the problem that he is attempting to deal with, and the other group members try to get more information about it, or to help him understand it while staying within the boundaries he has established. This type of discussion and interaction tends to be intellectual or theoretical and there is a good deal of speculating and hypothesizing about the causes and alternative behaviors.

The second area is that of Speculative Relationship, and this is typically characterized by statements or questions that consciously promote an exploration of the relationship among members, or between one member and the group as a whole. The stated purpose of this type of interaction is to assist members to understand themselves better by hearing directly how they are perceived by other people, how their behavior is being interpreted, or what kind of impressions they make on other people. Thus, there may be two or more topic persons with the focus being on the relationship between them.

The third area of therapeutic concern is that of Confrontive Personal, and this is characterized by statements in which the speaker takes responsibility for helping the topic person realize maximum benefit from the other group members. Interaction is usually seen in which the topic person is in the role of being confronted about the reality aspects of his formation of his problem.

The fourth area of therapeutic concern is that of Confrontive Relationship, and this is seen in those behaviors in which the speaker takes the responsibility for calling the group's attention to behavior which documents or illustrates a relationship between members that could be profitably explored, or for reporting reactions of his own to the behavior of another member, or to the treatment he receives at the hands of the group. The topic persons in the group are those whose

behavior or reactions are being explored. The interpersonal material is produced so that these people or members can gain increased self-understanding. The speaker makes a direct bid for meaningful feedback by specifying the behavior which has caused his reaction or has stimulated his interest in the relationship.

This phase of the program was accomplished in a three-week period with weekly consultation in the individual schools. We found that the counselors were very eager to become involved in a practical group program.

Planning And Mechanics

The next phase of the program involved some planning with the individual counselors for the publicizing and the mechanics of the anticipated groups. The publicizing included the cooperation of the school's art department for the making of posters which indicate the names of the groups such as Happenings, Seek and Rap. Posters also indicated that they were volunteer groups and anyone could join by signing up at the counselor's office. Groups were placed in the most conspicuous locations in the school. There were also announcements over the public address systems, in conjunction with the daily announcements. In one school an article was published in the school newspaper and also in the local newspaper, explaining the concept of volunteer groups and further publicizing the availability of this type of involvement.

The groups were organized with no formal consideration given to composition other than to seek as near as possible a balanced ratio between males and females. The groups averaged ten students in addition to the one counselor and the mental health consultant. Techniques in group therapy were utilized with a dual purpose in mind: (1) of providing the counselor with an on-the-spot experience in structuring and facilitating group process; and, (2) to provide a direct therapeutic experience for the members.

Group Development

The groups were highly structured in terms of mechanics and operating hypotheses. The basic underlying philosophy was that the main purpose of the group was to solve problems and to be helpful to each other as a group member. An important part of the philosophy was that the group would establish the norms for behavior and also the standards for behavioral change. The group also considered basic problems of confidentiality, termination, lying and individual role expectations. Repeatedly, emphasis was placed upon the group as having the responsibility for interaction and behavioral change. Most of the norms thus established by the group were very compatible with established procedures for adult group psychotherapy. The groups are rotated such that no student missed the same class more than once every six weeks. The groups were held for the standard 50 minute class period. The total number of students involved was approximately 130, which lent itself to approximately 13 individual groups. The average length of the group experience was twelve weeks with a range of ten to fifteen weeks. The total number of counselors involved was nine, with some counselors being involved in two groups.

Summary

In an article appearing in the School Counselor, 1968, by Frank C. Noble he indicated that one of his recommendations for the enrichment of counseling at the secondary level would be to have, "on-the-job supervision by a psychologist who could provide a more adequate reference group for the counselor." He goes on to indicate that "the role of the psychologist would be to expand the counselor's group guidance functions so that he might implement a developmental guidance program in more appropriate channels than the individual interview. I would expect him to counsel primarily with children who are experiencing learning difficulties or normal developmental problems." It would seem that volunteer group psychotherapy would be one way of providing such a model and on-the-job experience.

As indicated in the first of this paper, there were certain concepts about traditional psychotherapy which had to be laid aside in assuming a volunteer group psychotherapy program. It appears that for a long time Mental Health professionals have been attempting to apply therapy models to the educational setting. This application has been less than a perfect fit. Some of the reasons for this application of therapy model has been the basic assumptions under pinning those models. We found that group therapy with adolescents could be effective without any commitment to unconscious, to an ego, or to infantile sexuality. There were definite questions as to what a weak, self-identity is, or whether or not adolescents can effectively deal in a group setting where group cohesiveness is one of the major goals of their involvement. I believe that the basic assumption underlying the involvement of mental health specialists in educational settings providing direct therapeutic intervention has long been based on our traditional beliefs about the causes of behavior. It would appear, from our experience, that a reality oriented, behavior modification, approach has usefulness not only in dealing with more disturbing behaviors, but also has a tremendous potential for assisting counselors to better utilize their experience in dealing with relatively normal adolescents. The use of the Hill Interaction Matrix as a stepping stone for experience as to what is therapeutic in a group was deemed as a very useful technique. In closing, it appears that the concept of volunteer group psychotherapy has a definite place as both a clinical and consultative model for the secondary schools.